

# PERSONAL DATA SHEET

**WARNING:** Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

**READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.**

Print legibly. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. F

## I. PERSONAL INFORMATION

2. SURNAME	LLANO		
FIRST NAME	MARY CRIS	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DAING		
3. DATE OF BIRTH (mm/dd/yyyy)	JANUARY 07, 1992	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by natural Pls. indicate country:
4. PLACE OF BIRTH	Brgy. Plaridel, Baybay City, Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Purok 5 House/Block/Lot No. Street Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.58m	ZIP CODE	
8. WEIGHT (kg)	49kg		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	NA		
11. PAG-IBIG ID NO.	121236769900	18. PERMANENT ADDRESS	Purok 5 House/Block/Lot No. Street Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
12. PHILHEALTH NO.	13-025514475-9		ZIP CODE
13. SSS NO.	NA	19. TELEPHONE NO.	NA
14. TIN NO.	732-965-208	20. MOBILE NO.	09489423108
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	<a href="mailto:marycrisdaing@gmail.com">marycrisdaing@gmail.com</a>

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LLANO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH
FIRST NAME	LEMUEL	NAME EXTENSION (JR., SR)	PRINCESS LORRAINE D. LLANO	7/27
MIDDLE NAME	TIEMPO		ZACH AARON D. LLANO	11/5
OCCUPATION	Laboratory Aide			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY (COLLEGE OF NURSING)			
BUSINESS ADDRESS				
TELEPHONE NO.	9465362157			
24. FATHER'S SURNAME	DAING			
FIRST NAME	IRENEO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GUY-AB			
25. MOTHER'S MAIDEN NAME	(DECEASED)			
SURNAME				
FIRST NAME				
MIDDLE NAME				

(Continue on separate sheet if necessary)

## III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED
			From	To		

ELEMENTARY	PLARIDEL CENTRAL SCHOOL	BASIC EDUCATION				Apr-05
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL	BASIC EDUCATION				Apr-09
VOCATIONAL / TRADE COURSE	NA					
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION				Jul-18
GRADUATE STUDIES	NA					
(Continue on separate sheet if necessary)						
SIGNATURE			DATE			

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for CSC use only)

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H (mm/dd/yyyy)

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SCHOLARSHIP/  
ACADEMIC  
HONORS  
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